



## IOWA DEPARTMENT OF PUBLIC HEALTH (IDPH) CONFIRMATION OF DESTRUCTION FORM

---

Confirmation of destruction of data is required by the Research Agreement with the Iowa Department of Public Health. Destruction shall be by means which render IDPH data and any files created by linking the data files, unidentifiable and useless.

Research Agreement (RA): #

Name of project:

Printed name of Principal Investigator (PI) as shown on RA:

Signature of PI (may be scanned):

Expiration date of agreement:

Method used to destroy data:

Date the data was destroyed:

Name of person verifying destruction:

Signature of person verifying destruction:

Phone #:

E-mail:

If our data was used to prepare published reports, etc.:

On what date did you send a copy to the Research and Ethics Review Committee:

On what date did you receive approval to publish:

**PLEASE MAIL TO:**

Iowa Department of Public Health  
Research and Ethics Review Committee  
321 E. 12<sup>th</sup> St.  
Des Moines, IA 50319